

KANSAS CITY CHIEFS FOOTBALL CLUB ORTHOPEDIC EXAMINATION

NAME: Mickell, DarnellDATE: 4/19/98NECK:History of Injury: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Normal ☒ Restricted ☐SHOULDER:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☒ (If Yes, Describe) _____95 @ SHOULDER PAIN ANTERIOR LINE & POST MEDIAL INFLAMMATION & PAIN TC (R) & (L) - MRI @Range of Motion: Left: Normal ☒ Restricted ☐ Right: Normal ☒ Restricted ☐Mild Dorsal tenderness mild pain liftingELBOW SECTION:History of Injury: Left: No ☒ Yes ☐ Right: No ☒ Yes ☐ (If Yes Describe) _____Range of Motion: Left: Normal ☒ Restricted ☐ Right: Normal ☒ Restricted ☐WRIST:History of Injury: Left: No ☒ Yes ☐ Right: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Left: Normal ☒ Restricted ☐ Right: Normal ☒ Restricted ☐HAND:History of Injury: Left: No ☒ Yes ☐ Right: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Left: Normal ☐ Restricted ☐ Right: Normal ☐ Restricted ☐FINGERS:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☐ (If Yes, Describe) _____Hx Multiple Joint Sprains & Rotational Problems, 173 @ HAND MP JOINT STRESS 2 P2, 3 P2, 4 P2Deformity: (B) Thumb MP Jts. ↓ ROM & STABLE 3 Hx OF INJURY

MICKELL-0334

A0450

NAME: MICKELL, DARRIN

PAGE 2

SPINE:History of Injury: No ☐ Yes ☒ (If Yes, Describe) Hx Of MLD LBP - 3 Yrs Ago'93 (R) S.I. CONTUSION

Posture: _____

Range of Motion: Normal ☐ Restricted ☐HIP:History of Injury: Left: No ☒ Yes ☐ Right: No ☐ Yes ☐ (If Yes, Describe)Range of Motion: Normal ☒ Restricted ☐KNEE:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☐ (If Yes, Describe)8/01 (C) SCOP - PATELLA CHONDROMALACIA 2 GRADE III - IV CMAP, SINCE '92 (C) SCOP'92 (C) SYNOVITIS + CMAP PAIN 2 LIFTING (IR)STABILITYLEFTMCL OKLCL OKCRUCIATES OKPATELLA CREP. 2+ROM OKANKLE: osteophytes jt. lineHistory of Injury: Left: No ☐ Yes ☒'93 (C) SPRAIN - LCL 1°RIGHTMCL OKLCL OKCRUCIATES OKPATELLA CREP. 2+ROM OKRight: No ☐ Yes ☐ (If Yes, Describe)Range of Motion Left: Normal ☒ Restricted ☐ Right: Normal ☒ Restricted ☐Stability: Left ☐ Right: ☐FOOT:History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes Describe)Low (B) 6r Toes MP Extension (A) > (C) Low PFX-RAYS:GENERAL REMARKS: Exam OK

DATE

PHYSICIAN'S SIGNATURE

MICKELL-0335

A0451


MICKELL, DARREN


KANSAS CITY CHIEFS FOOTBALL CLUB, INC.

1. I HAVE BEEN INFORMED BY THE CLUB PHYSICIAN THAT I HAVE THE FOLLOWING PHYSICAL CONDITION (S):

Bilateral chondromalacia patella

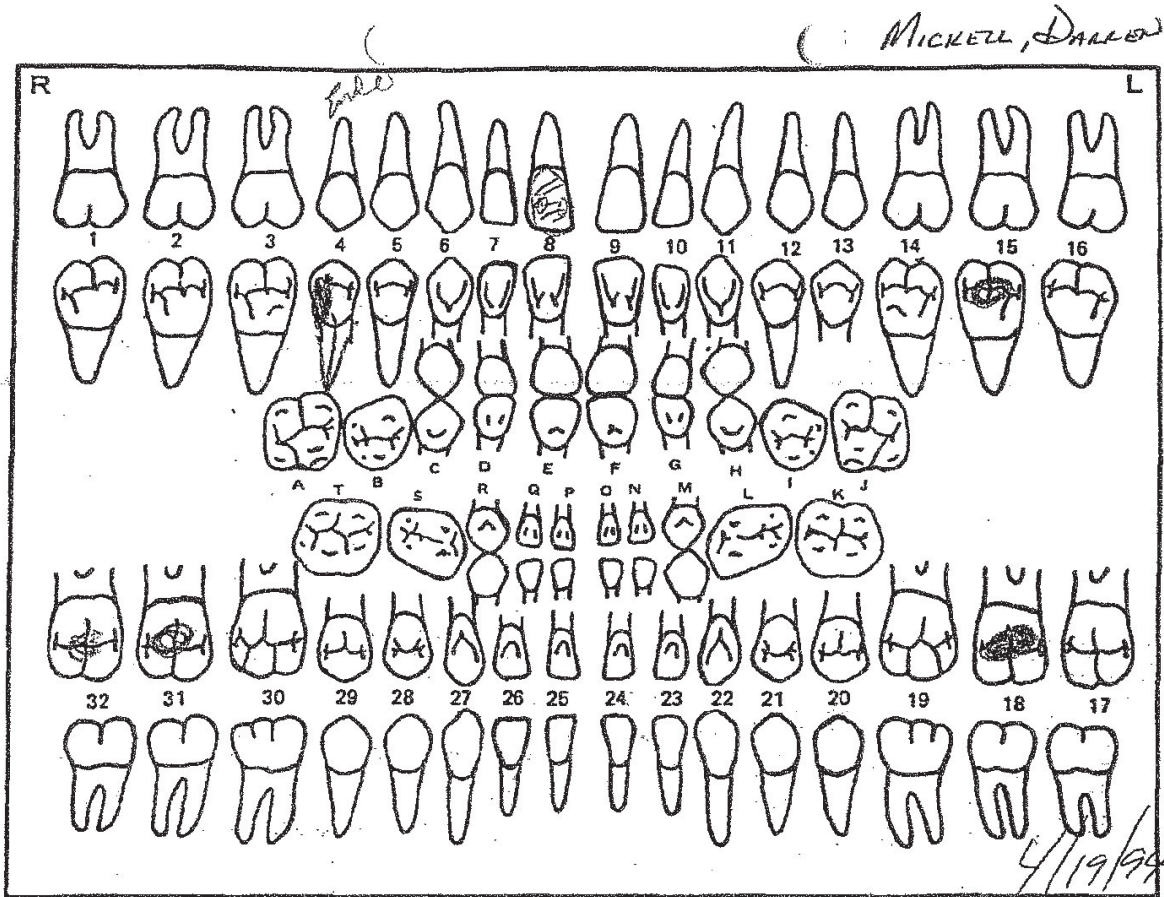
2. THE PHYSICAL CONDITION(S) SET FORTH ABOVE EXISTED PRIOR TO THE DATE OF THE PHYSICAL EXAMINATION FOR THE CURRENT SEASON.
3. I HAVE RECEIVED A FULL EXPLANATION FROM THE CLUB PHYSICIAN THAT TO CONTINUE TO PLAY PROFESSIONAL FOOTBALL MAY RESULT IN DETIORATION OR AGGRAVATION OF SUCH PRE-EXISTING PHYSICAL CONDITION(S).
4. I FULLY UNDERSTAND THE POSSIBLE CONSEQUENCES OF PLAYING PROFESSIONAL FOOTBALL WITH THE PHYSICAL CONDITION(S) SET FORTH IN PARAGRAPH 1 ABOVE. NEVERTHELESS, I DESIRE TO CONTINUE MY PROFESSIONAL FOOTBALL CAREER AND TO PLAY PROFESSIONAL FOOTBALL FOR THE CLUB.

 4/19/94
PLAYER SIGNATURE / DATE

 4/19/94
CLUB PHYSICIAN SIGNATURE/DATE

MICKELL-0336

A0452



TREATMENT PLAN	APPT. DATE	TREATMENT PLAN	APPT. DATE
1/2 # 8 Endo # 4.		active canals	

Kevin J. Cummings, D.D.S., P.C.

☐ "INSTRUCTIONS PRIOR TO SURGERY" GIVEN401 South Ward
Lee's Summit, MO 64081

(816) 246-1003

MICKELL-0337

Name <u>Mickell, Darren</u>		Date <u>04/19/94</u>	No.
Age:			
HISTORY			
Ocular: (O.D.: O.S.).			
Medical: (Bleeding Tendency).			
Surgical:			
Allergies:			
Medication: (Steroids, Anticoagulants).			
Family History:			
Correction:	<input type="checkbox"/> Never worn correction <input type="checkbox"/> Correction worn since past _____ years Present correction _____ years old from <input type="checkbox"/> M.D. <input type="checkbox"/> Optometrist <input type="checkbox"/> Other Type <input type="checkbox"/> Single vision <input type="checkbox"/> Reading <input type="checkbox"/> Bifocals <input type="checkbox"/> Trifocals <input type="checkbox"/> Contact Lens		
EXAMINATION			
	O. D.		O. S.
PRESENT GLASSES	add		add
Vision	<u>S 20/20</u> <u>C</u> P.H.		<u>S 20/20</u> <u>C</u> P.H.
External			
Pupils			
Motility			
Manifest Refr.	=		=
Cyclopleg Refr.	=		=
<u>R</u>	=		=
	add		add
Tension	Appln.		Appln.
Fields			
Dilation	<u>7:02 pm</u>		

MEC-25

MICKELL-0338

A0454

PAGE 3
MICKELL, DARREN (NMI)

1-3-94: The player was seen in follow-up today for an injury sustained to his low back area yesterday during the game. He was struck by another player along the posterolateral aspect of his right lumbosacral region. He has had no complaints of radiation of pain into his lower extremities, but he has had some persistent aching and tenderness and had quite a bit of stiffness when he first got up this morning.

On clinical examination today there is a little bit of swelling along the paraspinal muscle area adjacent to the SI joint and lumbosacral region of L5-S1 area. His straight leg raising tests are negative, and lower extremity reflexes are symmetrical. He does have good flexibility, although there is soreness when he uprights himself from a flexed position. Lateral bending is restricted to the left. To the right side it is not bothersome, although when he uprights himself likewise, it is uncomfortable for him.

His x-rays of the lumbar spine and pelvis show no definite area for fracture or any irregularities through the L5-S1 region.

IMPRESSION: Contusion, lumbosacral paraspinal muscle
Sprain of right SI joint

DISPOSITION: We are going to use some ice compressive treatments in this area. The player has also been having a little bit of muscle spasm in this area so he might benefit from some occasional muscle relaxant medication, the idiosyncrasies of the medicine discussed with the player. We will allow him to increase activities primarily with ambulation and walking and stay out of any heavy weight training activities over the next couple of days' time. He will be checked again for regular follow-up in two days' time at the Arrowhead Facility. JEB:lw

1-10-94: cc/Chiefs lw

10-10-94: The player is seen in followup today for his right anterior chest wall discomfort. He actually injured the chest wall last week during practice. He was able to play this past Sunday, but had tenderness along the lower rib cage along the anterior axillary line at about the T10 through T12 area.

On clinical exam today there is a little bit of swelling through this region. His auscultation findings are very clear. There is no friction rub through the pleural area. Good clear breath sounds are noted. There does not appear to be any palpable defect through the cartilaginous portion of the rib margins or through the bony areas.

X-rays were taken today with markers over the area of soreness and these do not show any definite area of fracturing. This appears to be primarily at the junction of the lower ribs around T10 to T12, coming up to the cartilaginous portions, and is probably more in the chondral portion of the ribs rather than in the bony portion of the ribs.

MICKELL-0339

A0455



KANSAS CITY CHIEFS

One Arrowhead Drive • Kansas City, Missouri 64129 • 816-924-9300 • FAX 816-923-5281

June 1, 1994

TO: Darren Mickell
FROM: Dave Kendall - Trainer
RE: Dental Needs Following Physicals

Following your physical prior to the mini-camp our team dentist, Dr. Kevin Cummings, has notified me of dental work you need prior to reporting for training camp in July.

During the visual exam he found obvious dental needs but you need dental X-rays and complete diagnosis with followup treatment to prevent more serious dental problems in the future.

For your general health, this needs to be addressed; but equally important is the fact that you can't afford to miss any time at training camp or during the 1994 season due to a dental problem that could easily have been corrected now.

This is your responsibility financially, as well, to see that the appropriate dental work needed is completed prior to the physicals on **July 20, 1994**, as you will be re-checked at that time. Dr. Cummings will be happy to complete the proper work, or he indicated you could have your personal dentist perform the work -- just as long as it is completed. If you would like Dr. Cummings to do the work, please advise me as soon as possible and I will help you make arrangements with his office.

I can't stress enough the importance of taking care of this dental work. If you have any questions please let me know.

DK/ar

Charter Member, American Football Conference, National Football League

MICKELL-0340

A0456

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
POST WASHINGTON GAME - AUG. 12, 1994
TRANSCRIBED AUG. 14, 1994

DARREN MICKELL, LEFT ANKLE

SUSTAINED A MILD INJURY DURING THE FIRST HALF OF THE GAME. HE THINKS HE MIGHT HAVE BEEN KICKED ABOUT HIS LOWER ANKLE AREA. HE WAS SORE ABOUT HIS ACHILLES FOR A SHORT PERIOD OF TIME. HEEL LIFTS WERE PLACED IN HIS SHOES AND THIS RELIEVED HIS PAIN. HE HAD ABSOLUTELY NO SYMPTOMS THROUGHOUT THE COURSE OF PLAYING. FOLLOWING THE GAME HE HAD SOME SLIGHT SORENESS JUST THE VERY LATERAL INFERIOR ASPECT OF HIS ACHILLES NEAR ITS ATTACHMENT SITE. SLIGHT PALPABLE PROMINENCES NOTED HERE BUT THIS IS ALSO NOTED ON THE OPPOSITE SIDE.

RECOMMEND ICE APPLICATION TO THIS AREA AND HEEL LIFTS. WE'LL WANT TO RECHECK HIM TOMORROW.

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MICKELL-0341

A0457

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
CHICAGO BEARS
MON., AUG. 22, 1994
TRANSCRIBED AUG. 23, 1994

DARREN MICKELL - LEFT ACHILLES

INDICATES HE HAD SOME SLIGHT SORENESS IN HIS LEFT DISTAL ACHILLES AREA JUST ABOVE ITS ATTACHMENT SITE. HE THINKS HE WAS KICKED IN THIS AREA. EXAM FOLLOWING THE GAME HE HAD NO SIGNIFICANT SWELLING, NO SIGNIFICANT LOCAL TENDERNESS. HE HAD GOOD PLANTARFLEXION WITH SQUEEZING OF THE MID GASTROC AND NO ECCHYMOSIS OR BRUISING IN THIS AREA. NEW XRAYS WERE TAKEN. AT THIS POINT WOULD SUGGEST HEEL LIFTS, ICE APPLICATION, CONTINUED FOLLOWUP.

ar

MICKELL-0342

A0458

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE

AUG. 24, 1994

TRANSCRIBED AUG. 26, 1994

DARREN MICKELL - LEFT GROIN & LEFT ACHILLES

INDICATES HIS LEFT GROIN IS IMPROVED. STILL NO PALPABLE DEFECTS, GOOD MOTION. STILL HAD SOME SLIGHT SORENESS WITH RESISTED ADDUCTION. WITH REGARDS TO HIS LEFT ANKLE - HE STILL HAS NO EVIDENCE OF ANY STIFFNESS, NO LOSS OF MOTION, NO SWELLING, NO PALPABLE DEFECTS AND NO NODULES. MINIMAL TENDERNESS TO PALPATION. WE'LL CONTINUE TO HAVE HIM USE SOME ----- IN ALL HIS SHOES AND CONTINUE MODALITY TREATMENTS IN THIS AREA.

ar

MICKELL-0343

A0459

MEDICAL DICTATION . . DR. JON BROWNE
POST NEW ORLEANS SAINTS GAME
SEPT. 4, 1994
TRANSCRIBED SEPT. 5, 1994

DARREN MICKELL

PLAYER SUSTAINED AN INJURY TO HIS RIGHT KNEE EARLY IN THE FIRST HALF AND HE CONTINUED TO HAVE TENDERNESS PRIMARILY THROUGH HIS ADDUCTOR TUBERCLE JUST PROXIMAL TO HIS MEDIAL FEMORAL EPICONDYLE. HE WAS PLACED IN A SINGLE BAR BRACE SPLINT IMMOBILIZER WHICH SUPPORTED HIM WELL THROUGHOUT THE GAME. AT NO TIME DID HE HAVE ANY FEELING OF INSTABILITY AND HE WAS ABLE TO KEEP PLAYING. BUT AS THE GAME CONTINUED ON HE DEVELOPED INCREASING STIFFNESS AND ACHING PRIMARILY IN THIS PARTICULAR AREA. HE STILL DOES NOT HAVE ANY TENDERNESS POST GAME ALONG THE MEDIAL JOINT. HE HAS NO FEELING OF INSTABILITY.

ON CLINICAL EXAMINATION THERE IS NO EFFUSION PRESENT. HIS LACHMAN'S TESTING IS STABLE WITH A NEGATIVE PIVOT SHIFT TEST SIGN. McMURRAY'S TESTING IS NOT PAINFUL. MOST OF HIS TENDERNESS IS RIGHT AT THE MEDIAL FEMORAL EPICONDYLE AND TO A LESSER EXTENT ALONG THE ADDUCTOR TUBERCLE. THERE IS NO DEMONSTRABLE LAXITY. THE EXTENSOR MECHANISM IS STABLE WITH MILD PERIPATELLAR CREPITIS NOTED WHICH HAS BEEN PREVIOUSLY.

IMPRESSION IS A GRADE ONE MCL SPRAIN RIGHT KNEE.

DISPOSITION: WE'RE GOING TO USE SOME ICE COMPRESSIVE TREATMENTS. THE PLAYER DOES HAVE SOME ANTI INFLAMMATORY MEDICATION. THE IDIOSYNCRASIES OF THE MEDICINE HAVE BEEN DISCUSSED WITH THE PLAYER. AND HE'LL BE USING THAT TO HELP CONTROL ANY INCREASING STIFFNESS AND SWELLING FOR THE NEXT FEW DAYS TIME. HE'LL BE CHECKED AGAIN IN THE TRAINING CENTER TOMORROW BY THE TRAINING STAFF. IF HE HAS ANY INCREASING SWELLING OR PAIN OR TENDERNESS HE'LL NEED FURTHER EVALUATION BASED ON THOSE FINDINGS.

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MICKELL-0344

A0460

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
SEPT. 7, 1994
TRANSCRIBED SEPT. 8, 1994

DARREN MICKELL - RIGHT KNEE

PLAYER DID NOT PARTICIPATE IN PRACTICE TODAY. FEELS LIKE HIS KNEE IS FEELING A GREAT DEAL BETTER AND DURING WALKING. BOTHERS HIM A BIT WHEN HE EXTENDS HIS KNEE. ON EXAM TODAY HE HAD NO EVIDENCE OF AN INTRARTICULAR EFFUSION, HAD FULL RANGE OF MOTION. EXTENSION PASSIVELY CAUSES HIM SOME MILD SORENESS. CONSISTENTLY HE REMAINS SORE JUST PROXIMAL AND SLIGHTLY POSTERIOR TO THE MEDIAL EPICONDYLE NEAR THE ADDUCTOR TUBERCLE. HE HAD NO EVIDENCE OF LIGAMENTOUS LAXITY AND RESISTED -- SOME VALGUS STRESS TESTING DID NOT REPRODUCE ANY PAIN. REVIEW OF THE VIDEOTAPES OF HIS KNEE SUGGEST THAT HE SUSTAINED POSSIBLY AN EXTENSION INJURY TO HIS KNEE BUT ALSO MAY HAVE STRUCK HIS KNEE DIRECTLY ON THE TURF. AT THIS POINT HE CONTINUES TO REMAIN SORE OVER THE REGION OF THE ADDUCTOR TUBERCLE. WOULD FEEL LIKE HE COULD CONTINUE LOCAL TREATMENT AND PARTICIPATE IN INCREASE ACTIVITIES AS HIS SYMPTOMS SEEM TO ALLOW.

ar

MICKELL-0345

A0461



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

JURY NUMBER

EMPLOYEE'S CASE NUMBER

INSURER'S NUMBER

5538941

DO NOT
USE

NOTE ► This form is both the notice and the report of the injury as required by Section 287.380 RSMo. 1969. Do not report any occurrence unless it causes personal injury serious enough to require medical aid. This report must be sent in whether or not the employer is under the Law. If not under it, no further reports are required unless requested. Mail to: Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102. Do not accompany by letter.

EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC		2. MAILING ADDRESS ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64129			
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS same as above		4. MISSOURI UI ACCOUNT NUMBER 072779-0-095-7941			
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300		5	
	7. INSURANCE CARRIER AND ADDRESS LUMBERMENS MUTUAL CASUALTY CO. 9900 W 109th Street, Overland Park, KS 66210					
	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES			
INJURED EMPLOYEE	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 9/4/94		11. TIME 12:30 <input checked="" type="checkbox"/> P.M.		12. PLACE OF ACCIDENT SUPERDOME NEW ORLEANS, LA. 11	
	13. NAME FIRST: DALLON MIDDLE: LAST: MICHELL		14. SOCIAL SECURITY NUMBER [REDACTED] 1926		12	
	15. HOME ADDRESS 1734 NW Place Miami, FL 33136		16. AGE 24		19	
	17. SEX M	18. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	19. YEARS EMPLOYED	20. REGULAR OCCUPATION	21. REGULAR DEPARTMENT	22
	22. OCCUPATION WHEN INJURED Player		23. HOW LONG AT CUR. OCCUPATION?	24. WORK DAYS PER WEEK	25. WEEKLY WAGE?	23
OCCURRENCE OF INJURY	26. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? No		27. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 10:00am		28	
	28. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) PLAYER WAS MAKING A TACKLE ON BALL CARRIER AND TWISTED HIS @ KNEE & LANDED ON @ KNEE				29	
	29. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) TACKLING BALL CARRIER				30	
	30. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE Twisted knee on turf				31	
	31. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. @ KNEE 1" ACL SPRAIN VS. MFC CONCUSSION				32	
NATURE OF INJURY	32. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.					
	33. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY IF SO, STATE NATURE					
	34. HAS EMPLOYEE RETURNED TO WORK? Yes		35. DATE immediately		36. AT WHAT WEEKLY WAGE? \$	
	37. WHEN DID TEMPORARY DISABILITY BEGIN?		38. END?			
	39. NAME AND ADDRESS OF ATTENDING PHYSICIAN. Dr. Jon Browne 6675 Holmes, Suite 400 Kansas City, MO 64131					
OTHER	40. NAME AND ADDRESS OF HOSPITAL					
	41. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		42. IS FURTHER MEDICAL AID REQUIRED?			
	43. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. Kathi Munholland, Kemper National Insurance Company/Lumbermens Mutual Casualty Co 9900 W 109th Street, Overland Park, KS 66210					
	44. DATE OF REPORT 9/8/94		45. REPORT COMPLETED BY (SIGNATURE) David C. Kendall		46. TITLE Head Athletic Trainer	

MO 625-0183 (11-85)

David C. Kendall

WC-1

MICKELL-0346

A0462



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

9-1-94 through 9-1-95

INJURY NUMBER	DO NOT USE
EMPLOYEE'S CASE NUMBER	
INSURER'S NUMBER 005657529	

NOTE ▶ This form is both the notice and the report of the injury as required by Section 287.380 RSMo. 1969. Do not report any occurrence unless it causes personal injury serious enough to require medical aid. This report must be sent in whether or not the employer is under the Law. If not under it, no further reports are required unless requested. Mail to: Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102. Do not accompany by letter.

EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC.		2. MAILING ADDRESS ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64119	
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS Same as above		4. MISSOURI UI ACCOUNT NUMBER 072779-0-095-7941	
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300	
	7. INSURANCE CARRIER AND ADDRESS GULF INSURANCE COMPANY PO Box 419175 Kansas City, MO 64141			
	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES	
	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 9/4/94		11. TIME 12:30	
			12. PLACE OF ACCIDENT SUPERDOME New Orleans LA	
INJURED EMPLOYEE	13. NAME FIRST: DARRIN MIDDLE: LAST: MICHAEL		14. SOCIAL SECURITY NUMBER -1926	
	15. HOME ADDRESS 1734 N.W. PLACE Miami, FL 33136		16. AGE 24	
	17. SEX M	18. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	19. YEARS EMPLOYED	20. REGULAR OCCUPATION
	21. REGULAR DEPARTMENT		22. WEEKLY WAGE?	
	23. HOW LONG AT CUR. OCCUPATION?		24. WORK DAYS PER WEEK	
OCCURRENCE OF INJURY	25. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? No		26. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 10:00am	
	27. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) Player was making a tackle on ball carrier and twisted then landed on his @ knee			
	28. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) TACKLING BALL CARRIER			
	29. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE TWISTED KNEE + STRUCK KNEE ON TURF			
	30. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. @ KNEE 1° MCL SPLAIN VS. MEDIAL FEMORAL CONDYLE CONTUSION			
NATURE OF INJURY	31. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.			
	32. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY IF SO, STATE NATURE			
	33. HAS EMPLOYEE RETURNED TO WORK? Yes		34. DATE immediately	
	35. WHEN DID TEMPORARY DISABILITY BEGIN?		36. AT WHAT WEEKLY WAGE? \$	
OTHER	37. NAME AND ADDRESS OF ATTENDING PHYSICIAN Dr. Jon Browne 6675 Holmes, Suite 400 Kansas City, MO 64131			
	38. NAME AND ADDRESS OF HOSPITAL			
	39. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		40. IS FURTHER MEDICAL AID REQUIRED?	
	41. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. John Walstrom, Gulf Insurance Company PO Box 419175 Kansas City, MO 64141			
42. DATE OF REPORT 9/8/94		43. REPORT COMPLETED BY (SIGNATURE) David C. Kendall		44. TITLE Head Athletic Trainer

MO 625-0183 (11-86)

WC-1

MICKELL-0347

A0463

MEDICAL DICTATION . . DR. JON BROWNE
POST SAN FRANCISCO GAME
SEPT. 11, 1994
TRANSCRIBED SEPT. 12, 1994

DARREN MICKELL

PLAYER SUSTAINED A EVERSION TWISTING INJURY TO HIS RIGHT ANKLE, MOST IF IT PRIMARILY ALONG THE MEDIAL DELTOID LIGAMENT AREA AND TO A LESSER EXTENT HE HAS TENDERNESS ALONG THE LATERAL JOINT LINE. THERE IS NO DEMONSTRABLE INSTABILTIY HERE AND GOOD MOTION ABOUT THE ANKLE JOINT SYMMETRICAL. THERE IS NO BONY TENDERNESS ALONG HIS MEDIAL MALLEUS.

IMPRESSION IS A MEDIAL DELTOID LIGAMENT SPRAIN RIGHT ANKLE.

WITH REGARDS TO HIS RIGHT KNEE, HE STILL HAS TENDERNESS HIS ADDUCTOR TUBERCLE REGION ALONG THE ADDUCTOR MANGIS ATTACHMENT, AND TO A LESSER EXTENT ALONG THE SUPERFICIAL TIBIA -----LIGAMENT ADJACENT TO THE MEDIAL FEMORAL EPICONDYLE. NO DEMONSTRABLE LAXITY.

THE PLANS ARE TO CONTINUE THE ICE COMPRESSIVE TREATMENTS AND PROTECTIVE ADDITIONAL BRACING FOR THIS AREA.

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MICKELL-0348

A0464

MEDICAL DICTATION . . DR. JON BROWNE
POST ATLANTA FALCONS
SEPT. 18, 1994
TRANSCRIBED SEPT. 19, 1994

DARREN MICKELL

PLAYER IS SEEN IN FOLLOWUP FOR A RIGHT KNEE AND RIGHT ANKLE SPRAIN. HIS RIGHT KNEE WAS MORE JUST SORENESS FROM HIS PREVIOUS INJURY UP AT THE ADDUCTOR TUBERCLE AREA. HE HAS NO DEMONSTRABLE LAXITY OR ANY EFFUSION TO THE KNEE AND GOOD STABILITY OTHERWISE. HIS RIHT ANKLE TENDERNESS IS PRIMARILY OVER THE ANTERIOR TIB FIB AREA AND TO A LESSER EXTENT ALONG THE FIBULOTAILOR LIGAMENT REGION. HE HAS SOME VERY SLIGHT SORENESS ALONG HIS MEDIAL DELTOID LIGAMENT. NO DEMONSTRABLE LAXITY HERE AND VERY MINIMAL SWELLING ANTERIORALLY OVER THE TIB FIB.

THE PLANS ARE TO USE SOME ICE COMPRESSIVE TREATMENTS FOR BOTH OF THE AFFECTED AREAS. HE'LL CONTINUE WITH A BRACE SUPPORT AROUND THE KNEE WHICH HE TOLERATED WELL THIS EVENING, AND PROBABLY WILL REQUIRE SOME ADDITIONAL PROTECTIVE PADDING AND TAPING FOR THE ANKLE AT WORKOUTS THIS WEEK. WE'LL CHECK HIM LATER THIS WEEK AS NECESSARY.

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MICKELL-0349

A0465

MEDICAL DICTATION . . DR. JON BROWNE
POST GAME DICTATION - L.A. RAMS GAME DAY
SEPT. 25, 1994
TRANSCRIBED SEPT. 26, 1994

DARREN MICKELL

PLAYER SUSTAINED A CONTUSION OF HIS LEFT MEDIAL FEMORAL CONDYLE DURING THE GAME, ITS JUST ABOVE THE MEDIAL FEMORAL EPICONDYLE AT ABOUT THE LEVEL OF THE ADDUCTOR TUBERCLE. HE'S HAD NO MUSCULAR STRAIN THROUGH THIS AREA. THERE'S A FULL RANGE OF MOTION POST GAME WITHOUT ANY EFFUSION, NO DEMONSTRABLE INSTABILITY, AND PRIMARILY TENDERNESS IS OVER THE BONY PROMINENCE OF HIS MEDIAL FEMORAL CONDYLE.

THE PLANS ARE TO USE SOME ICE COMPRESSIVE TREATMENTS FOR THIS AREA. HE'LL BE CHECKED AGAIN AS NEEDED.

HIS RIGHT KNEE HAS HELD UP WELL. HE JUST HAS BEEN USING TAPING AND BRACING THROUGHOUT THE WEEK. HE DID NOT REQUIRE ANY SPECIAL SUPPORT OR PADDING FOR THE GAME TODAY AND THE RIGHT KNEE HAS HAD NO RESIDUAL SEQUALIE (?) AT THIS POINT.

ar

MICKELL-0350

A0466

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
TRAINING ROOM NOTES
OCTOBER 5, 1994
TRANSCRIBED OCT. 6, 1994

DARREN MICKELL - RIGHT RIBS

WAS A BIT SORE FOLLOWING THE LAST GAME. IMPROVED, HOWEVER, TODAY HE WAS DOING A REACHOVER DRILL AND REDEVELOPED SOME SORENESS. HIS PAIN IS IN THE MID AXILLARY LINE AT APPROXIMATELY 11TH AND 12TH RIB. WITH PALPATION THIS IS SORE. WITH LATERAL BEND HE'S A BIT SORE. OTHERWISE HE HAS GOOD STRENGTH IN ALL PLANES. HS NEVER HAD A DIRECT BLOW TO THIS AREA AND SUSPECT THAT HE'S NOT HAD ANY DIRECT RIB INJURY BUT WOULD SUGGEST SLIGHT COSTOCHONDRAL SEPARATION. CONTINUE TO LIMIT HIS AGGRESSIVE STRETCHING OVER IN THE STRENGTHENING ACTIVITIES IN THIS AREA. CONTINUE MODALITY TREATMENTS.

ar

MICKELL-0351

A0467

MEDICAL DICTATION . . DR. JON BROWNE
POST SAN DIEGO CHARGERS
OCTOBER 9, 1994
TRANSCRIBED OCT. 10, 1994

DARREN MICKELL

PLAYER IS SEEN IN FOLLOWUP POST GAME. HE HAD A COUPLE OF FLAREUPS OF HIS RIGHT LOWER RIB CAGE MUSCLE INTERCOSTAL MUSCLE ATTACHMENTS AND HIS LATISSIMUS DORSI AREA. HE HAS A BIT OF SWELLING THROUGH THIS REGION. A FULL RANGE OF MOTION ABOUT THE SHOULDER WITH NO PALPABLE DEFECTS THROUGH THE RIB CAGE AREA ITSELF.

THE PLANS ARE TO USE SOME ICE TREATMENTS IN THIS AREA. WE'LL PROBABLY WANT TO GET AT LEAST SOME XRAYS TOMORROW FOR MORE CAREFUL EVALUATION THROUGH THIS REGION.

ar

MICKELL-0352

A0468



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

9-1-94 through 9-1-95

INJURY NUMBER

EMPLOYEE'S CASE NUMBER

INSURER'S NUMBER

005657529

DO NOT
USE

NOTE ▶ This form is both the notice and the report of the injury as required by Section 287.380 RSMo. 1969. Do not report any occurrence unless it causes personal injury serious enough to require medical aid. This report must be sent in whether or not the employer is under the Law. If not under it, no further reports are required unless requested. Mail to: Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102. Do not accompany by letter.

EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC. ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64119		2. MAILING ADDRESS		DO NOT USE
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS Same as above		4. MISSOURI UI ACCOUNT NUMBER 072779-0-095-7941		
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300		
	7. INSURANCE CARRIER AND ADDRESS GULF INSURANCE COMPANY PO Box 419175 Kansas City, MO 64141				
INJURED EMPLOYEE	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES		DO NOT USE
	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 10/9/94		11. TIME 1:15		
	12. PLACE OF ACCIDENT Jack Murphy Stadium, San Diego, CA				
	13. NAME FIRST: DANIEL MIDDLE: LAST: MICHAEL		14. SOCIAL SECURITY NUMBER [REDACTED] 1926		
OCCURRENCE OF INJURY	15. HOME ADDRESS 1734 NW Place Miami, FL 33136		16. AGE 24		DO NOT USE
	17. SEX M		18. MARITAL STATUS SINGLE		
	19. YEARS EMPLOYED		20. REGULAR OCCUPATION		
	21. REGULAR DEPARTMENT		22. WEEKLY WAGE?		
NATURE OF INJURY	23. OCCUPATION WHEN INJURED Player		24. WORK DAYS PER WEEK		DO NOT USE
	25. HOW LONG AT CUR. OCCUPATION?		26. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? No		
	27. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 11:00 am		28. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) Player was trying to avoid block, twisted & felt pain @ ribs		
	29. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) Rushing Passer		30. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE Blocked by opposing team player - twisted rib area		
OTHER	31. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Ribs Costal Chondral / Cartilage Separation		32. DID INJURY RESULT IN DEATH?		DO NOT USE
	33. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY STATE NATURE		34. HAS EMPLOYEE RETURNED TO WORK? Yes		
	35. DATE Immediately		36. AT WHAT WEEKLY WAGE? \$		
	37. WHEN DID TEMPORARY DISABILITY BEGIN?		38. END?		
OTHER	39. NAME AND ADDRESS OF ATTENDING PHYSICIAN Dr. Jon Browne 6675 Holmes, Suite 400 Kansas City, MO 64131		40. NAME AND ADDRESS OF HOSPITAL		DO NOT USE
	41. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		42. IS FURTHER MEDICAL AID REQUIRED?		
	43. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. John Walstrom, Gulf Insurance Company PO Box 419175 Kansas City, MO 64141		44. DATE OF REPORT 10/10/94		
	45. REPORT COMPLETED BY (SIGNATURE) David C. Kendall		46. TITLE Head Athletic Trainer		

MO 625-0183 (11-86)

WC-1

MICKELL-0353

A0469

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
TRAINING ROOM NOTES
OCTOBER 12, 1994
TRANSCRIBED OCT. 13, 1994

DARREN MICKELL - RIGHT RIB AREA

PLAYER INDICATES HE FEELS BETTER THAN HE DID LAST WEEK FOLLOWING THE GAME. STILL SORE OVER THE VERY ANTERIOR ASPECT OF THE DISTAL RIB AREA. STILL HAS PAIN WITH LATERAL BEND. NO SWELLING OR ECCHYMOSIS AND ----- INDICATION ----- IMPRESSION IS HEALING COSTOCHONDRAL SPRAIN RIGHT RIB. CONTINUE INFLAMMATORY MEDICATION. CONTINUE MODALITY TREATMENTS AND PROTECTION OF THE AREA.

ar

MICKELL-0354

A0470

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
TRAINING ROOM NOTES
OCTOBER 19, 1994
TRANSCRIBED OCT. 20, 1994

DARREN MICKELL - RIGHT MID CHEST & RIB AREA

INDICATES HE'S DOING MUCH BETTER. TODAY HAD A LOT LESS SORENESS
FOLLOWING THE GAME THAN HE DID LAST WEEK AND LATERAL BEND PRODUCES
A GREAT DEAL LESS PAIN. HE'S LESS TENDER TO PALPATION.

IMPRESSION IS RESOLVING COSTOCHONDRAL SPRAIN. CONTINUE LOCAL
PROTECTION AND GENTLE STRETCHING ACTIVITIES.

ar

MICKELL-0355

A0471

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
POST BUFFALO BILLS
OCTOBER 30, 1994
TRANSCRIBED OCT. 31, 1994

DARREN MICKELL - RIGHT NECK

SUSTAINED AN INJURY TO HIS RIGHT ANTERIOR STERNOCLEIDOMASTOID AREA JUST ABOVE THE STERNOCLAVICULAR JOINT WHEN HIS HELMET SLID DOWN HIS FACE MASK AND HIT ON HIS ANTERIOR NECK AREA. HE HAD FULL NECK MOTION, NO WEAKNESS. HE HAD SOME SLIGHT SORENESS WITHOUT SWELLING OVER THE SE JOINT. WAS PRIMARILY SORE OVER THE ANTERIOR STERNOCLEIDOMASTOID. THERE WAS NO SIGNIFICANT SWELLING IN THIS AREA. NO PAIN OVER HIS CLAVICLE. HE HAD GOOD SHOULDER MOTION, GOOD STRENGTH WITHOUT LIMITATIONS.

IMPRESSION IS CONTUSION ANTERIOR STERNOCLEIDOMASTOID. RECOMMEND ICE APPLICATION IN THIS AREA.

ar

MICKELL-0356

A0472

MEDICAL DICTATION . . DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
NOVEMBER 2, 1994
TRANSCRIBED NOV. 3, 1994

DARREN MICKELL - LEFT KNEE

DEVELOPED SOME SORENESS IN THE RETROPATELLAR AREA FOLLOWING THE
GAME. TODAY HE HAD NO EVIDENCE OF SWELLING, NO LOSS OF MOTION, NO
LAXITY, NO JOINT LINE PAIN. HAVE SUGGESTED A TRIAL OF ANTI
INFLAMMATORY MEDICATION, MODIFICATION OF STRENGTHENING ACTIVITY,
AND WE'LL RECHECK HIS PROGRESS IN THE NEXT FEW WEEKS.

ar

MICKELL-0357

A0473

MEDICAL DICTATION .. CRIS BARNTHOUSE
POST SAN DIEGO
NOVEMBER 13, 1994
TRANSCRIBED NOV. 14, 1994

DARREN MICKELL - LEFT ELBOW

SUSTAINED A DIRECT BLOW TO HIS LATERAL ELBOW TODAY. FOLLOWING THE GAME HE HAD MORE SORENESS OVER HIS DISTAL TRICEPS AND JUST SORE FROM THE ----- OUT. HE HAD FULL ACTIVE AND PASSIVE. HE WAS SORE OVER THE AREA OF THE LATERAL EPICONDYLE AND HUMERUS AND SORE IN HIS DISTAL TRICEPS. HE HAD GOOD ELBOW EXTENSION AGAINST RESISTANCE. NO PAIN OVER HIS RADIAL HEAD WITH PRONATION SUPINATION, FULL MOTION OF THE FOREARM AND WRIST. NEUROVASCULAR EXAM NORMAL. XRAYs SHOW NO EVIDENCE OF SIGNIFICANT ACUTE NOR CHRONIC INJURY.

IMPRESSION IS DISTAL TRICEPS TENDINITIS, LATERAL EPICONDYLAR CONTUSION. RECOMMEND ICE APPLICATION BOTH AREAS. HAVE CAUTIONED AGAINST ----- APPLICATION TO THE MEDIAL ELBOW.

ar

MICKELL-0358

A0474



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

9-1-94 through 9-1-95

JOINT NUMBER

EMPLOYEE'S CASE NUMBER

INSURER'S NUMBER

005657529

DO NOT
USE

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EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC. ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64119		2. MAILING ADDRESS KANSAS CITY CHIEFS FOOTBALL CLUB, INC. ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64119	
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS Same as above		4. MISSOURI UI ACCOUNT NUMBER 072779-0-095-7941	
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300	
	7. INSURANCE CARRIER AND ADDRESS GULF INSURANCE COMPANY PO Box 419175 Kansas City, MO 64141			
INJURED EMPLOYEE	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES	
	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 11/13/94		11. TIME 12:15 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
	12. PLACE OF ACCIDENT Arrowhead Stadium KC MO		13. NAME FIRST MIDDLE LAST DARRIN MICKELL	
	14. SOCIAL SECURITY NUMBER [REDACTED] 1926		15. HOME ADDRESS 1734 NW RACE MIAMI FL 33136	
OCCURRENCE OF INJURY	16. AGE 24		17. SEX M	
	18. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		19. YEARS EMPLOYED	
	20. REGULAR OCCUPATION Player		21. REGULAR DEPARTMENT	
	22. OCCUPATION WHEN INJURED Player		23. HOW LONG AT CUR. OCCUPATION?	
NATURE OF INJURY	24. WORK DAYS PER WEEK		25. WEEKLY WAGE?	
	26. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? Yes		27. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 10:00 AM	
	28. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) Player was blocked by opposing team player & struck on his ① ELBOW			
	29. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) Blocked by opposing team player			
OTHER	30. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE Struck on ① ELBOW			
	31. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. ① LATERAL ELBOW CONTUSION			
	32. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.			
	33. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO, STATE NATURE			
OTHER	34. HAS EMPLOYEE RETURNED TO WORK? Yes		35. DATE immediately	
	36. AT WHAT WEEKLY WAGE? \$		37. WHEN DID TEMPORARY DISABILITY BEGIN?	
	38. END?		39. NAME AND ADDRESS OF ATTENDING PHYSICIAN Dr. Jon Browne 6675 Holmes, Suite 400 Kansas City, MO 64131	
	40. NAME AND ADDRESS OF HOSPITAL			
OTHER	41. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		42. IS FURTHER MEDICAL AID REQUIRED?	
	43. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. John Walstrom, Gulf Insurance Company PO Box 419175 Kansas City, MO 64141			
	44. DATE OF REPORT 11/15/94		45. REPORT COMPLETED BY (SIGNATURE) David C. Kendall	
	46. TITLE Head Athletic Trainer			

MO 625-0183 (11-86)

David C. Kendall

WC-1

MICKELL-0359

A0475

MEDICAL DICTATION .. DR. JON BROWNE
POST CLEVELAND GAME
NOVEMBER 20, 1994
TRANSCRIBED NOV. 22, 1994

DARREN MICKELL

PLAYER SUSTAINED AN INJURY TO HIS LEFT ANKLE DURING THE GAME TO THE ANTERIOR PORTION OF THE DISTAL TIB FIB AREA AND JUST ROXIMAL TO THIS OVER THE SYNDESMODIC REGION. HE HAS NO TENDERNESS OVER THE ANTERIOR FIBULOTAILOR LIGAMENT OR MEDIAL DELTOID AREA. THERE IS GOOD STABILITY ABOUT THE ANKLE JOINT AND ALMOST ALL OF THE TENDERNESS IS ALONG THE DISTAL SYNDESMODIC REGION.

HIS XRAYS SHOW NO DISTINCT BONY ABNORMALITIES. THERE IS SOME MINOR OS----- CHANGES NOTED ALONG THE LATERAL PORTION OF THE DISTAL TIBIA SUGGESTIVE OF A POSSIBLE OLD MINOR SYNDESMODIC CHANGES.

DISPOSITION, THE PLANS ARE TO USE SOME ICE COMPRESSIVE TREATMENTS AND AIR SPLINT CAST IMMOBILIZATION, PROBABLY WILL HAVE SOME LIMITED ACTIVITIES WITH REGARDS TO HIS WORKOUT THIS WEEK. WILL REQUIRE THE USE OF HIS AIR SPLINT CAST ALONG THE WAY, AS WELL.

ar

MICKELL-0360

A0476



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

9-1-94 through 9-1-95

JURY NUMBER

EMPLOYEE'S CASE NUMBER

INSURER'S NUMBER

005657529

DO NOT
USE

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EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC.		2. MAILING ADDRESS ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64119	
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS Same as above		4. MISSOURI UI ACCOUNT NUMBER 072779-0-095-7941	
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300	
	7. INSURANCE CARRIER AND ADDRESS GULF INSURANCE COMPANY PO Box 419175 Kansas City, MO 64141			
INURED EMPLOYEE	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES	
	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 11/20/94		11. TIME 1:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
	12. PLACE OF ACCIDENT Arrowhead Stadium K.C. MO		13. NAME FIRST MIDDLE LAST DARRON MICHELL	
	14. SOCIAL SECURITY NUMBER [REDACTED] 1926		15. HOME ADDRESS 1734 NW Place Miami FLA 33136	
OCCURRENCE OF INJURY	16. SEX M	17. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	18. YEARS EMPLOYED	19. REGULAR OCCUPATION
	20. OCCUPATION WHEN INJURED Player		21. HOW LONG AT CUR. OCCUPATION?	22. WORK DAYS PER WEEK
	23. WEEKLY WAGE?		24. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? YES	
	25. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 10:00 am		26. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) PLAYER WAS RUSHING PASSER AND WAS TACKLED FROM BEHIND & ANOTHER PLAYER FELL ON HIS LEG	
NATURE OF INJURY	27. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) RUSHING PASSER & BLOCKED			
	28. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE ANOTHER PLAYER FELL ON THE BACK OF HIS @ ANKLE			
	29. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. @ ANKLE SPRAIN - ANT. TIB-FIB, SYNDROMIC, ANT. TIB-FIB LIGAMENTS			
	30. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.			
OTHER	31. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY IF SO, STATE NATURE			
	32. HAS EMPLOYEE RETURNED TO WORK? Yes		33. DATE immediately	
	34. WHEN DID TEMPORARY DISABILITY BEGIN?		35. AT WHAT WEEKLY WAGE? \$	
	36. END?		37. NAME AND ADDRESS OF ATTENDING PHYSICIAN Dr. Jon Browne 6675 Holmes, Suite 400 Kansas City, MO 64131	
38. NAME AND ADDRESS OF HOSPITAL				WC-1
39. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		40. IS FURTHER MEDICAL AID REQUIRED?		
41. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. John Walstrom, Gulf Insurance Company PO Box 419175 Kansas City, MO 64141				
42. DATE OF REPORT 11/22/94		43. REPORT COMPLETED BY (SIGNATURE) David C. Kendall		
44. TITLE Head Athletic Trainer		45. DATE		

MO 625-0183 (11-86)

David C. Kendall

MICKELL-0361

A0477

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
NOVEMBER 23, 1994
TRANSCRIBED NOV. 24, 1994

DARREN MICKELL - LEFT ANKLE

REMAINS TENDER OVER BOTH THE ANTERIOR TALOFIBULAR AND ANTERIOR DISTAL SYNDESMOSIS. MINIMAL SWELLING AND NO ECCHYMOSIS OVER THE ANTERIOR LATERAL ANKLE. HIS RANGE OF MOTION WAS SYMMETRIC TO THE OPPOSITE SIDE. HE HAD SOME SLIGHT PAIN WITH SINGLE TOE RAISE. SLIGHT PAIN WITH PUSHOFF PHASE OF WALKING. HE INDICATES TODAY HE WAS ABLE TO DO SOME RUNNING - WITH PUSHOFF PHASE STILL HAD SOME SORENESS.

ADDITIONALLY ON EXAM TODAY HE HAD SOME SLIGHT PAIN WITH ROTATION.

IMPRESSION LEFT ANKLE SPRAIN ----- LIGAMENT AND DISTAL SYNDESMOTIC SPRAIN. RECOMMEND CONTINUE MODALITIES, CONTINUED STRENGTHING AND ----- DRILLS.

ar

MICKELL-0362

A0478

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST SEATTLE GAME
NOVEMBER 27, 1994
TRANSCRIBED NOV. 28, 1994

DARREN MICKELL - LEFT ANKLE

DID NOT SUSTAIN A SPECIFIC NEW INJURY DURING THE GAME. JUST WAS SORE OVER THE ANKLE FOLLOWING THE GAME PRIMARILY STILL OVER THE DISTAL SYNDESMOSIS BOTH ANTERIOR AND POSTERIOR. HE WAS ABLE TO BEAR WEIGHT, ABLE TO PUSH OFF WELL. NO PROXIMAL FIBULAR PAIN. ALSO SOME SLIGHT SORENESS OVER THE ANTERIOR TALOFIBULAR LIGAMENT. SOME SLIGHT PAIN WITH EXTERNAL ROTATION. NO APPARENT BONY TENDERNESS.

IMPRESSION LEFT ANKLE AGGRAVATION SYNDESMODIC SPRAIN. RECOMMEND ICE ELEVATION. RECHECK TOMORROW.

ar

MICKELL-0363

A0479

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST SEATTLE GAME - TRAINING ROOM NOTES
NOV. 27, 1994 - NOV. 30, '94
TRANSCRIBED JAN. 2, 1995

DARREN MICKEL - LEFT ANKLE

PLAYER INDICATES HIS ANTERIOR SORENESS IS IMPROVED TODAY WITH
ACTIVITY. HE WAS MORE SORE POSTERIRALLY AND HE INDICATES AN AREA
PROXIMAL ON THE ACHILLES NEAR THE MUSCULOTENDINIS JUNCTION. THERE
IS NO PALPABLE DEFECT, NODULES OR SWELLING IN THIS AREA. TO HELP
PROTECT THIS WE'LL HAVE HIM USE A HEEL LIFT, CONTINUE TO PROVIDE
MODALITY TREATMENTS, CONTINUE TO TREAT HIS ANTERIOR ANKLE SPRAIN.

ar

MICKELL-0364

A0480

PHYSICIAN COPY

MEDICAL DICTATION .. DR. JON BROWNE
POST DENVER GAME
DECEMBER 4, 1994
TRANSCRIBED DEC. 5, 1994

DARREN MICKELL

PLAYER SUSTAINED A DISLOCATION OF HIS LEFT LONG FINGER PIP JOINT DURING THE THE GAME. THIS WAS REDUCED AND BUDDY TAPED DURING THE GAME. THIS WAS A DORSAL DISLOCATION OF THE DISTAL SEGMENT. AND POST GAME HIS LONG FLEXORS AND EXTENSORS ARE INTACT AS ARE THE COLLATERAL LIGAMENT. HIS XRAYS REVEAL A VERY SMALL AVULSION CHIP OFF THE BASE OF THE MIDDLE PHALANX OF THE LEFT LONG FINGER MIDDLE PHALANX.

THE PLANS ARE TO USE A PROTECTIVE SPLINTING AND ICE COMPRESSIVE TREATMENT PROGRAM. HE'LL BE CHECKED AGAIN LATER THIS WEEK.

ar

MICKELL-0366

A0482



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

INJURY NUMBER	DO NOT USE
EMPLOYEE'S CASE NUMBER	
INSURER'S NUMBER 005657529	

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EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC. ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64119		2. MAILING ADDRESS		5
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS Same as above		4. MISSOURI UN ACCOUNT NUMBER 072779-0-095-7941		
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300		
	7. INSURANCE CARRIER AND ADDRESS GULF INSURANCE COMPANY PO Box 419175 Kansas City, MO 64141				
	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES		
INJURED EMPLOYEE	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 12/4/94		11. TIME 9:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		11
	12. PLACE OF ACCIDENT Arrowhead Stadium NCMO		13. NAME FIRST MIDDLE LAST DARRIN MICHELL		
	14. SOCIAL SECURITY NUMBER [REDACTED]-1926		15. HOME ADDRESS 1734 NW Place Miami, FL 33136		
	16. AGE 24		17. SEX M		
	18. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		19. YEARS EMPLOYED		
OCCURRENCE OF INJURY	20. REGULAR OCCUPATION Player		21. REGULAR DEPARTMENT		22
	22. OCCUPATION WHEN INJURED Player		23. HOW LONG AT CUR. OCCUPATION?		
	24. WORK DAYS PER WEEK		25. WEEKLY WAGE?		
	26. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? YES		27. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 1:00 PM		
	28. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) Player Struck His @ Hand On Opposing Team Players Leg				
NATURE OF INJURY	29. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) Blocked By Opposing Team Player				30
	30. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE Struck @ Hand On Opposing Team Players Leg				
	31. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. @ LONG FINGER - PIP JOINT DISLOCATION WITH SMALL AVULSION FRACTURE				
	32. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.				
	33. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY IF SO, STATE NATURE				
OTHER	34. HAS EMPLOYEE RETURNED TO WORK? Yes		35. DATE immediately		36
	36. AT WHAT WEEKLY WAGE? \$		37. WHEN DID TEMPORARY DISABILITY BEGIN?		
	38. END?		39. NAME AND ADDRESS OF ATTENDING PHYSICIAN. Dr. Jon Browne 6675 Holmes, Suite 400 Kansas City, MO 64131		
	40. NAME AND ADDRESS OF HOSPITAL				
	41. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$				
OTHER	42. IS FURTHER MEDICAL AID REQUIRED?				37
	43. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. John Walstrom, Gulf Insurance Company PO Box 419175 Kansas City, MO 64141				
	44. DATE OF REPORT 12/5/94		45. REPORT COMPLETED BY (SIGNATURE) David C. Kendall		
46. TITLE Head Athletic Trainer					

MO 625-0183 (11-85)

WC-1

MICKELL-0367

A0483

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
DEC. 7, 1994
TRANSCRIBED JAN. 2, 1995

DARREN MICKELL - LEFT ANKLE

PLAYER INDICATES HE GOT THROUGH THE LAST GAME REASONABLY WELL.
STILL HAS SOME MILD SORENESS POSTERIORALLY BUT LESS SORENESS
ANTERIORALLY AND OVER HIS DISTAL SYNDESMOSIS. STILL HAD SOME
SLIGHT PAIN WITH EXTERNAL ROTATION BUT NO PAIN WITH SQUEEZE TEST
TODAY. GOOD PLANTARFLEXION STRENGTH. IMPRESSION IMPROVING
SYNDESMODIC SPRAIN. RECOMMEND CONTINUED HEEL LIFT, CONTINUED
PROTECTIVE TAPING AND BRACING, CONTINUE HIS REHAB.

ar

MICKELL-0368

A0484

MEDICAL DICTATION ... DR. SCOTT
TRAINING ROOM VISIT
DEC. 7, 1994
TRANSCRIBED JAN. 2, 1995

DARREN MICKELL

PLAYER IS SEEN FOR HIS LONG FINGER. HE HAD A DORSAL DISLOCATION OF THE PIP JOINT IN THE DENVER GAME. HAS BEEN IN AN EXTENSION BLOCK SPLINT SINCE THEN. ON EXAM THERE IS NO EXTENSOR LAG OF THE PIP JOINT. COLLATERAL LIGAMENT TESTING IS STABLE. HE HAS MODERATE SOFT TISSUE SWELLING. SUPERFICIALIS FUNCTION IS INTACT. WAS PLACED BACK IN HIS EXTENSION BLOCK SPLINT THAT HE IS TO WEAR CONTINUOUSLY. WE'LL CONTINUE WITH KOBAN TAPING ALSO TO DECREASE HIS SWELLING. CONTINUE SPLINT PROTECTION DURING PRACTICES AND GAME.

ar

MICKELL-0369

A0485

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST MIAMI GAME
DECEMBER 12, 1994
TRANSCRIBED DEC. 13, 1994

DARREN MICKELL - RIGHT WRIST

PLAYER WAS SEEN DURING THE GAME. HAD COMPLAINTS OF SORENESS
PRIMARILY OVER THE DORSUM OF THE WRIST. HE HAD UNRESTRICTED
MOTION, GOOD GRIP STRENGTH, NEUROVASCULAR EXAM NORMAL, NO PALPABLE
RECPITANCE. ALSO HAD SOME ULNAR SIDED SORENESS. AT THE TIME HE
FELT LIKE HIS WRIST WAS FINE. HE COULD GO. HE HAD A DORSAL WRIST
BAND TAPED. WAS NOT SEEN THROUGH THE REMAINDER OF THE GAME AND
INDICATED HE WAS DOING OK. PLAYER WAS NOT SEEN IN THE TRAINING
ROOM FOLLOWING THE INJURY FOR EVALUATION OF HIS WRIST. ATTEMPTS
WERE MADE TO LOCATE THE PLAYER. WE'LL RECHECK HIS WRIST IN THE
TRAINING ROOM TOMORROW IF NOT ON THE PLANE THIS EVENING.

ar

MICKELL-0370

A0486

MEDICAL DICTATION .. DR. SCOTT
TRAINING ROOM VISIT
DECEMBER 14, 1994
TRANSCRIBED DEC. 15, 1994

DARREN MICKELL

PLAYER IS SEEN FOR HIS LEFT LONG FINGER, RIGHT WRIST AND LEFT ANKLE. HIS LONG FINGER SWELLING HAS SIGNIFICANTLY DECREASED. HE HAS CONTINUED WITH EXTENSION BLOCK SPLINT PROTECTION FOR PRACTICES AND GAMES. ON EXAM HE HAS NO EXTENSOR LAG AT THE PIP JOINT. THERE IS MODERATE SOFT TISSUE SWELLING. COLLATERAL LIGAMENT TESTING IS STABLE. SUPERFICIALIS (?) FUNCTION IS INTACT. BUDDY TAPED THE INDEX AND LONG FINGERS TOGETHER AND HE WILL BEGIN ACTIVE RANGE OF MOTION. WILL CONTINUE EXTENSION BLOCK SPLINTING PROTECTION IN PRACTICES AND GAMES.

HE REPORTS INJURING THE RIGHT WRIST IN LAST WEEK'S GAME AND THEN REINJURING IT AGAIN IN THE MONDAY NIGHT GAME. HIS PRIMARY DISCOMFORT HAS BEEN OVER THE DORSAL ULNAR ASPECT OF THE WRIST. IT PRIMARILY BOTHERS HIM WITH RADIAL DEVIATION AND EXTENSION. ON EXAM HE HAS LOCALIZED TENDERNESS OVER THE DORSAL ASPECT OF LUNAL TRICLUTAL (?) JOINT AND TO A MILD EXTENT OVER THE ULNAR CARPAL LIGAMENTS. THERE'S NO INSTABILITY TO RADIAL DEVIATION. HE'S NONTENDER OVER THE ULNAR STYLOID AND OVER THE TFC. NO SCAPHOLUNATE INTERVAL TENDERNESS. THERE'S NO DISCOMFORT WITH RESISTED WRIST EXTENSION IN ULNAR DEVIATION. IS NONTENDER OVER THE ECU TENDON. HE'S HAD RADIOGRAPHS SINCE THE FIRST INJURY THAT REPORTEDLY WERE NEGATIVE. I HAVE PLACED HIM IN A REMOVABLE VELCRO SPLINT THAT HE IS TO WEAR OUTSIDE OF FOOTBALL. HE MAY REMOVE IT AT NIGHT. HE WILL BE TAKING ENDOSIN FOR ANTI INFLAMMATORY AFFECT. WE'LL PROTECT HIM WITH AN EXTENSION BLOCK SPLINT DURING PRACTICES AND GAMES. CERTAINLY IF HE PERSISTS IN HAVING SORENESS AND DISCOMFORT THEN FURTHER EVALUATION MAY BE INDICATED POSSIBLY WITH AN MRI SCAN.

HE REPORTS HIS LEFT ANKLE HAS CONTINUED TO IMPROVE. HE IS UNLIMITED IN HIS PUSHOFF. STILL HAS SORENESS IN THE ADDITIONAL SYNDEMOSIS AND ALONG THE DISTAL PERONEAL TENDON SHEATH AREA. ON EXAM THERE IS NO SIGNIFICANT SOFT TISSUE SWELLING ABOUT THE ANKLE. THERE'S MILD DISTAL SYNDEMOSIS TENDERNESS. NO PAIN WITH PASSIVE EXTERNAL ROTATION OF THE ANKLE. INVERSION AND SAGITAL STRESS ARE STABLE. THERE'S MILD TENDERNESS ALONG THE DISTAL PERONEAL TENDON SHEATH. NO PAIN OR SUBLUXATION WITH RESISTED EVERSION PLANTARFLEXION OF THE FOOT.

HE WILL CONTINUE WITH HIS CURRENT TRAINING ROOM MODALITIES FOR THE ANKLE AND SOFT CAST PROTECTION FOR PRACTICE AND GAMES.

ar

MICKELL-0371

A0487

MEDICAL DICTATION .. DR. JON BROWNE
POST L.A. RAIDERS
DECEMBER 24, 1994
TRANSCRIBED DEC. 26, 1994

DARREN MICKELL

PLAYER SUSTAINED A CONTUSION TO HIS RIGHT CALF AREA PRIMARILY ALONG THE MEDIAL SHAFT OF THE TIBIA WITH TENDERNESS ALONG THE MEDIAL SHAFT OF THE TIBIA AS WELL AS ALONG THE ANTERIOR EXTENSOR MUSCLE GROUP. HE HAS A FULL RANGE OF MOTION ABOUT THE ANKLE AND FOOT AND ----- MILD SWELLING THROUGH THIS REGION. HE ALSO HAD A CONTUSION TO HIS LEFT FOREARM AND ARM ALONG THE VOLAR ASPECT ABOUT THE MID SHAFT OF THE FOREARM. HIS TENDERNESS IS PRIMARILY NOTICED WITH FLEXION OF HIS WRIST AGAINST RESISTANCE PRIMARILY THROUGH THE FLEXOR CARPI RADIALIS. HE DOES NOT HAVE ANY BONY PROMINENT TENDERNESS OTHER THAN SOME DIFFUSE TENDERNESS THROUGH THE MID PORTION OF HIS MUSCLE MASS OF THE RADIUS AREA.

THE PLANS ARE TO USE SOME ICE COMPRESSIVE TREATMENTS FOR THIS AREA. AND WE'LL PROBABLY WANT TO GET SOME XRAYS OF HIS LEFT FOREARM AND TIBIA ON RETURN BACK TO KANSAS CITY.

ar

MICKELL-0372

A0488

RADIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

PATIENT NAME		DATE OF BIRTH	AGE	SEX	MEDICAL RECORD	EXAM DATE
MICKELL, DARREN		70	24Y	M	01224508	14-Feb-95
PATIENT LOCATION						
KANSAS CITY						
REQUESTING PHYSICIAN		EXAM				
IMAGING, KANSAS CITY		TELERAD MR MUSC		Acc #: 1538148		
Associated exams:						

Admitting Diagnosis:						
History:						
RT.WRIST-R/O TFC TEAR						

COMMENT: THE MRI SCAN OF THE RIGHT WRIST WAS PERFORMED AT MR INSTITUTE OF GREATER KANSAS CITY ON 2/13/95 PER THE REQUEST OF DR. BROWNE. THE STUDY ARRIVED AT HUP ON 2/14/95 FOR INTERPRETATION.						
A SPIN ECHO PROTON DENSITY AND T-2 WEIGHTED OBLIQUE CORONAL, SAGITTAL AND AXIAL SEQUENCE WERE PERFORMED ALONG WITH A GRADIENT ECHO T-2 STAR WEIGHTED CORONAL SEQUENCE.						
A MARKED WAS PLACED ON THE PATIENT'S SKIN IN THE REGION OF THE DISCOMFORT. THE MARKER IS IDENTIFIED ON AXIAL IMAGES 11 AND 13 ON SERIES 5 AND IS LOCATED ALONG THE DORSOLATERAL MARGIN OF THE WRIST IMMEDIATELY DISTAL TO THE ULNAR STYLOID.						
THERE IS A MINIMAL AMOUNT OF FLUID WITHIN THE WRIST. THE TRIANGULAR FIBROCARILAGE APPEARS NORMAL ON CORONAL IMAGES 16 THROUGH 22 ON SERIES 3 AND ON IMAGES 6 THROUGH 8 ON SERIES 2. THERE IS A MINIMAL AMOUNT OF FLUID IN THE DISTAL RADIOULNAR JOINT. THERE IS NO EVIDENCE OF DISRUPTION OF THE SCAPHOLUNATE OR LUNATOTRIQUETRAL LIGAMENTS. NO OSSEOUS ABNORMALITIES ARE IDENTIFIED.						
THE EXTENSOR TENDONS ARE NORMAL SURROUNDING THE WRIST. THE EXTENSOR CARPI ULNARIS TENDON SUBJACENT TO THE SKIN MARKER HAS A NORMAL APPEARANCE. ON THE VOLAR SIDE OF THE WRIST, THERE ARE NO TENDON OR MUSCLE ABNORMALITIES. THE ULNAR AND MEDIAN NERVES HAVE A NORMAL APPEARANCE. THERE ARE NO SOFT TISSUE ABNORMALITIES.						
IMPRESSION:						
NORMAL MRI EVALUATION OF THE RIGHT WRIST. THERE IS NO EVIDENCE OF A TEAR OF THE TRIANGULAR FIBROCARILAGE COMPLEX, AN OSSEOUS CONTUSION OR A SOFT TISSUE MASS.						
1550						

RADIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

FEB 15 '95 12:21 CONTINUING ED/HOSP UNIV OF PENNA

MICKELL-0373

A0489

Page 2

01224508-0

PATIENT NAME	DATE OF BIRTH	AGE	SEX	MEDICAL RECORD	EXAM DATE
MICKELL, DARREN	70	24Y	M	01224508	14-Feb-95
PATIENT LOCATION					
KANSAS CITY					
REQUESTING PHYSICIAN		EXAM			
IMAGING, KANSAS CITY		TELERAD MR MUSC		Acc #: 1538148	
<p>Approved by: Richard Herzog, MD /signed by/ Richard Herzog, MD</p> <p>Transcribed on: 14-Feb-95 2:40 PM by Hill Y Carm Finalized on: 14-Feb-95 6:21 PM by Richard Herzog, MD</p> <p style="text-align: center;">C O P Y</p>					

RADIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

RADIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

P.3

FEB 15 '95 12:22 CONTINUING ED/HOSP UNIV OF PENN

MICKELL-0374

A0490

MICKELL, DARREN (NMI)

2-13-95: The player is seen today for evaluation of an injury sustained to his right wrist during the season, probably sustained with a contact hyperdorsiflexion type injury. The discomfort is localized to the distal radial ulnar joint, toward the dorsal ulnar side of the joint between the ulnar styloid and proximal carpal row. He has had some intermittent catching, popping and discomfort here, that has lingered through the off season, and he is seen today for evaluation.

On clinical examination the tenderness is localized to the extensor carpi ulnaris, as well as the triangle fibrocartilage area around the dorsum of the ulnar styloid and proximal triquetrum and distal radius area. A definite pop, catch or click is not felt in this region. There is no effusion, and his motion and strength are symmetrical. There is no volar type pain.

X-rays made of the right wrist (including carpal tunnel view) do not show any definite evidence for fracture.

CLINICAL IMPRESSION: 1) POSSIBLE TRIANGLE FIBROCARILAGE TEAR OF RIGHT WRIST.

We are going to schedule the patient for an MRI scan. If this clearly shows the anatomy of the TFC, then that will be all that is necessary. If there is any question on the study, then we may also want to obtain additional studies. We will be back in touch with the player and the training staff based on his findings.

The player is also seen today for evaluation of bilateral knee pain, which he states was reasonably well managed throughout the season, but he has continued to struggle with aching, tenderness, grinding and grating about both knees. He has had previous surgery on both knees by Dr. Indelicato at the Univ of Florida. He has continued to have some persistent crepitus through the patellofemoral joint, but more particularly crepitus and grating through the lateral compartment of both knees, particularly with squatting and bending.

He has modified his workout programs over the past year's time to help prevent overloading through the patellofemoral joint, but he has continued to have stiffness and aching, with some intermittent popping, catching and grinding.

On clinical exam there is no real effusion to either knee, but there is considerable peripatellar crepitus, primarily through the lateral compartments of both knees, a little more so on the right than left. The patellofemoral joint tracks well. McMurray's testing is negative, and there is no demonstrable laxity to either knee. Motion is from full extension to flexion of 135°.

X-rays do not show any major osteophytic bridging/lipping, and in fact on the comparison tangential merchant's view there is revealed a Type II-III Wiberg patella configuration, with a normal developed femoral sulcus. There may be a small amount of thinning of the patellofemoral articulation compared with the merchant's view taken in 6-92, but this has not substantially changed in 2.5 years.

MICKELL-0375

A0491

MICKELL, DARREN (NMI)

2-13-95 -- CONTINUED:

Clinically I think the player primarily has some chronic synovitis, with patellofemoral arthrosis that is noted to be Grade III by Dr. Indelicato, perhaps even Grade IV. If his symptoms continue to be persistent or mechanically bothersome to him, then I would recommend an arthroscopic evaluation and possible arthroscopic limited synovectomy along the lateral retinacular tissues, limited patellofemoral chondroplasty and possible trephining if there are any major subchondral areas of exposure that would benefit from that. In addition, a possible lateral retinacular release might be indicated as well. The general risks, complications and alternative treatment programs have been discussed with the player. We will see how the x-rays go first with his right wrist region, and then we have asked the player to be in touch with the training staff with regard to his present knee status, as this has not been discussed on the check-out exams (regarding any new increasing problems with his knees).

We will be back in touch with the player for followup on both of these areas after his evaluation has been completed with the right wrist, and after discussion has been made with the training staff. JEB:rm

2-13-95: cc/Dave Kendall - Chiefs. JEB:rm

MICKELL-0376

A0492



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

9-1-94 through 9-1-95

EMPLOYER'S CASE NUMBER	DO NOT USE
INSURER'S NUMBER	
005657529	

NOTE ▶ This form is both the notice and the report of the injury as required by Section 287.380 RSMo. 1969. Do not report any occurrence unless it causes personal injury serious enough to require medical aid. This report must be sent in whether or not the employer is under the Law. If not under it, no further reports are required unless requested. Mail to: Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102. Do not accompany by letter.

EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC. ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64129		2. MAILING ADDRESS		DO NOT USE
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS Same as above		4. MISSOURI UI ACCOUNT NUMBER 072779-0-095-7941		
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300		
	7. INSURANCE CARRIER AND ADDRESS GULF INSURANCE COMPANY PO Box 419175 Kansas City, MO 64141				
INJURED EMPLOYEE	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES		DO NOT USE
	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 2/13/95		11. TIME 10:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
	12. PLACE OF ACCIDENT Arrowhead Stadium KCMO				
	13. NAME FIRST MIDDLE LAST DARREN MICHAEL		14. SOCIAL SECURITY NUMBER [REDACTED] - 1926		
INJURED EMPLOYEE	15. HOME ADDRESS 1734 NW PLACE		16. AGE 24		DO NOT USE
	17. SEX [REDACTED]		18. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		
	19. YEARS EMPLOYED		20. REGULAR OCCUPATION Miami, FL 33136		
	21. REGULAR DEPARTMENT				
INJURED EMPLOYEE	22. OCCUPATION WHEN INJURED Player		23. HOW LONG AT CUR. OCCUPATION?		DO NOT USE
	24. WORK DAYS PER WEEK		25. WEEKLY WAGE?		
	26. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? YES		27. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE UNKNOWN		
	28. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) PLAYER DESCRIBED TO DR. BROWNE OF CONTINUED PAIN BOTH KNEES PATELLA - FEMORAL JOINT. HAS BEEN BOTH LAMING HIM AND LIMITING HIS PARTICIPATION IN RUNNING AND WEIGHT TRAINING ALONE WITH FOOTBALL ACTIVITIES.				
INJURED EMPLOYEE	29. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) FOOTBALL RELATED ACTIVITIES				DO NOT USE
	30. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE CONTINUED WEIGHT TRAINING LIFTING RUNNING SPRAINING KNEES ON TURF - FOOTBALL				
	31. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. BOTH KNEES CHONDROMALCIA PATELLA, PATELLAR AND QUAD TENDONITIS				
	32. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.				
INJURED EMPLOYEE	33. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY STATE NATURE		IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.		DO NOT USE
	34. HAS EMPLOYEE RETURNED TO WORK? Yes		35. DATE immediately		
	36. AT WHAT WEEKLY WAGE? \$		37. WHEN DID TEMPORARY DISABILITY BEGIN?		
	38. END?				
OTHER	39. NAME AND ADDRESS OF ATTENDING PHYSICIAN Dr. Jon Browne 6675 Holmes, Suite 400 Kansas City, MO 64131				DO NOT USE
	40. NAME AND ADDRESS OF HOSPITAL				
	41. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		42. IS FURTHER MEDICAL AID REQUIRED?		
	43. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. John Walstrom, Gulf Insurance Company PO Box 419175 Kansas City, MO 64141				
OTHER	44. DATE OF REPORT 2/12/95		45. REPORT COMPLETED BY (SIGNATURE) David C. Kendall		DO NOT USE
	46. TITLE Head Athletic Trainer				

MO 625-0183 (11-86)

David C. Kendall

WC-1

MICKELL-0377

A0493

PPR580R 1/04/95

13:53:43

Kansas City Chiefs Football
Medical History by Player/Date From: 1/01/94 To 1/01/95

PAGE

MICKELL, DAREN

Date	Comments
1/02/94	SEATTLE-H LT. ANKLE 1ST QTR. SUSTAINED PURE INVERSION INT. WHEN ANKLE ROLLED, SPRAIN OF ANTERIOR TALOFIB. LIG., ABLE TO CONT. PLAYING. SEEN AFTER GAME BY DR. BARNTH. X-RAYS TAKEN AND ICE ALONG W/A IR SPLINTING. (DK)
1/03/94	LT. ANKLE HAS 2 AREAS OF SORENESS ABOUT ANKLE ABOUT ANTERIOR TALOFIB. AND ANTERIOR DELTOID, HAS FI RST DEG. SWELLING W/LOSS OF MOTION, PRIMARILY SORE ALL ALONG ANTERIOR CAPSULE. ALSO LOW BACK CONTUS ION SUFFERED YEST. SORE AT RT. SACROILIAC JOINT AND MORE PROXIMAL INTO SOFT TISSUE OF BACK MUSCULATU RE. PRECAUTIONARY X-RAYS TAKEN AT DR. BROWNE AND REPORTED NEG. BY DR. ALSO URINE DIPSTICK TAKEN AND NEG. FOR BLOOD. REC'S MULTIP. THERAPIES BOTH AREAS. (DK)
1/04/94	LT. ANKLE LOOKS BETTER TODAY, MORE NORMAL WALKING GAIT BUT STILL FIRST DEG. SWELLING OVER ANTERIOR TALOFIB. AND ANTERIOR DELTOID ANTERIOR CAPSULE AREA. LOW BACK MUCH IMPROVED ALTHO STILL DISCOMFORT TO PALPATION OVER RT. SI JOINT. REC'S MULTIP. THERAPIES. (DK)
1/05/94	LT. ANKLE, LOW BACK SEEN BY DR. BARNTH. REC'S MULTIP. THERAPIES MOSTLY ON ANKLE. SORENESS OVER A NTERIOR TALO FIB. AND ANTERIOR DELTOID AREA. HE CAN GET UP ON TOES W/SOME HELP, SWELLING DOWN SLIGH TLY. BACK LESS SORE W/NORMAL EXAM. MISSED PRAC. (DK)
1/06/94	LT. ANKLE & BACK NO COMPLAINTS OF LOW BACK, FULL ROM. ANKLE STILL SLIGHT TENDERNESS OVER ANTERIOR DELTOID, ANTERIOR TALOFIB. LIGAMENT. NOT MUCH PERONEAL TENDON SORENESS. REC'S MULTIP. THERAPIES. PRAC. LIM. W/PROTECTIVE SOFT CASTING. (DK)
1/07/94	LT. ANKLE STILL SORE OVER ANTERIOR TALOFIB. LIG. PRIMARILY, STILL HAS SLIGHT SOFT TISSUE SWELLING ABOUT ANTERIOR CAPSULE PORTION OF ANKLE. HAS IMPROVED MOTION. REC'S MULTIP. THERAPIES.
1/08/94	LT. ANKLE - REPORTED NO NEW INSBLT TO ANKLE. HE HAD SOME SORENESS PRIM. OVER THE ANT. DELTOID AND AN T. TALOFIB. REC'D COLD WHIRL POOL FOLLOWING THE GAME.
1/09/94	LT. ANKLE - HAS A SLIGHT INCREASE SWELLING FOLLOWING YESTERDAY'S GAME. PRIMARILY IN ANTERIOR LATERAL ASPECT. HE IS SORE PRIMARILY OVER THE ANTERIOR TALOFIB. HE HAS NO DELTOID TENDERNESS. HE RECEIV E THERAPY.
1/10/94	LT. ANKLE - RECEIVED NO TREATMENT.
1/11/94	LEFT ANKLE - NO COMPLAINTS AT PRACTICE.
1/12/94	LEFT ANKLE - STATED TODAY THAT DURING PRACTICE EARLY HE SUSTAINED A SLIGHT INVERSION TWIST INJURY WH EN HE WAS KICKED FROM BEHIND AND HAD SOME SORENESS OVER THE ANTERIOR TALOFIB LIG. NOT TOO SORE TO GO AHEAD AND CONTINUE PRACTICING. HE HAD NO SWELLING FOLLOWING PRACTICE. NORMAL WALKING. RECEIVED ICE.
1/13/94	LEFT ANKLE - CAME IN TODAY FOLLOWING A SLIGHT TWIST YESTERDAY. WITH ONLY MINIMAL SORENESS TO VERY FI RM PALPATION OVER THE ANTERIOR TALOFIB LIG. AND ALSO OVER THE PERONEAL TENDON INSERTION. HE HAD NO S WELLING. FULL ROM. WAS TAPPED AND WAS ABLE TO PRACTICE. HAD NO COMPLAINTS FOLLOWING PRACTICE.
1/20/94	LEFT ANKLE - RECEIVES THERAPY. FOLLOWING PRACTICE TODAY, HAS A SLIGHT AMOUNT OF ANTERIOR LATERAL SO R ENESS. HIS EXAM IS COMPLETELY NORMAL. HE DID NOT INJURE THE ANKLE AND THE WORKOUT TODAY, PRACTICED F ULLY.
1/27/94	LEFT ANKLE - WAS SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. PRIMARILY SORENESS IS OVER T HE POSTERIOR ASPECT OF THE SYNDENSMOTIC REGION OF THE LEFT ANKLE ABOUT THE DISTAL 1/4TH. RIGHT ANKLE IS IMPROVED OVER THE DELTOID LIGAMENT. HIS RIGHT WRIST IS NOT NEARLY AS SORE OVER THE ULNAR ASPECT S SPLINTING. RECEIVES MULTIPLE THERAPIES A RIF JOINT DISLOCATION IN THE GAME IS STILL SORE AND REQUIRE S LOW BACK THIS A.M. STARTED 2-3 DAYS AGO WHILE WORKING OUT AND RUNNING DEVELOP. STIFFNESS, GEN. SORE NESS SEEMS TO BE MAIN COMPLAINT. NO BUTTOCK PAIN, NO LEG PAIN. EXAM NORMAL, FULL ROM, STRAIGHT LEG RAISING NORMAL. REC'S THERAPY PRIOR TO PRAC. AND DID NOT REPORT TO T.R. AFTER PRAC. FOR THERAPY.
7/22/94	ALSO SORENESS OF BOTH KNEES WHICH IS GEN. RELATED TO CHONDROMALACIA PATELLA AND AGAIN REC'D NO THERA PY AFTER PRAC. BUT DID PARTICIPATE FULLY. (DK)
7/23/94	LOW BACK - STILL SLIGHT SORENESS, GD. EXAM. REC'S THERAPY AND PRAC. FULLY. (DK)
7/24/94	LOW BACK - HAS VERY LITTLE SORENESS OF HIS LOW BACK. STILL SLIGHTLY SORE. STARTING PRACTICE. RECEIV ES THERAPY AND PRACTICES FULLY.
7/25/94	BOTH KNEES AND LOW BACK - PRIOR TO PRACTICE IN THE MORNING, HE RECEIVES THERAPY FOR BOTH AREAS. HAS CHONDROMALACIA PATELLA SORENESS AND ALSO SOME LOW BACK SORENESS. DURING THE MORNING PRACTICE HE REPO

MICKELL-0378

A0494

Date	Comments
PPR580R 1/04/95 13:53:43	Kansas City Chiefs Football Medical History by Player/Date From: 1/01/94 To 1/01/95
MICKELL, DARREN	
7/26/94	RTED SOME SORENESS OF HIS RIGHT PECTORAL AREA AT THE LINE. THIS IS THE SAME AREA WHICH BECAME TENDER ON HIM LAST YEAR. IT IS NOT VERY TENDER AT THIS TIME. HE WAS ADVISED THAT HE SHOULD COME AND START TREATING THIS PRIOR TO EACH WORKOUT AND FOLLOWING EACH WORKOUT TO KEEP THIS AREA FROM BECOMING SO INFLAMED AS IT DID LAST YEAR. ONLY MINIMAL SORE AT THIS TIME. RECEIVES THERAPY AND PRACTICES FULLY. RT. PEC STILL SORENESS DURING PRAC. DOESN'T COMPLAIN ABOUT IT OTHER TIMES. CONT TO REC. TREATMENT. ALSO HAS SORENESS OF LOW BACK AND BOTH KNEES, KNEES BEING FOR CHONDROMALACIA PATELLA. CONT. TO PRAC. AND REC'D TREATMENT. (DK)
7/27/94	BOTH PECS CONT. SORENESS AREA ALONG AXILLARY FOLD LINE. EXAM NORMAL SAVE FOR SORENESS DURING ACTIVITY. RT. SORE MORE SO THAN LT. ALSO RECS TREATMENT FOR CHONDROMALACIA KNEES. PRAC. FULLY.
7/28/94	BOTH PECS CONT. SORENESS OVER AXILLARY FOLD, EXAM OK, NOT SORE TO TOUCH. RECS THERAPY AND PRAC. FULLY.
7/29/94	BOTH PECS CONT. SORENESS AT AXILLARY LINE, ALSO SORENESS INTO PROXIMAL UPPER ARM IN AXILLARY AREA. LT. KNEE SLIGHT SORE FROM CHONDROMALACIA PATELLA. RECS THERAPY AND PRAC. LIM.
8/08/94	LT. KNEE IN THIS AM W/SORENESS OVER PATELLA FEMORAL REGION W/SLIGHT AMT. FLUID. REC'S THERAPY AND RODE BIKE. (DK)
8/09/94	LT. KNEE SLIGHT SORENESS OVER PATELLA FEMORAL REGION, SLIGHT AMT. FLUID. REC'S NO AM TREATMENT OR ANY COMPLAINTS. REC'S THERAPY PRIOR TO PM PRAC. NO COMPLAINTS OR ANY THERAPY AFTER PM PRAC. AND P RAC. FULLY.
8/10/94	LT. KNEE CONT. PATELLA FEMORAL SORENESS, SLIGHT FLUID. REC'S NO PRAC. IN PM.
8/11/94	LT. KNEE CONT. PATELLA FEMORAL SORENESS W/SLITE AMT. FLUID, CAUSE OF ANTICIPATED LENGTHY PLAY VS. WASH. MISSED PRAC. TODAY.
8/12/94	LEFT KNEE - STILL HAS COMPLAINTS OF SOME SORENESS OVER THE PATELLA FEMORAL REGION OF HIS KNEE WITH A SLIGHT AMOUNT OF FLUID. RECEIVED THERAPY IN THE MORNING. PLAYED IN THE GAME. DURING THE GAME IN THE 3RD QUARTER SUSTAINED A PROBABLE CONTUSION TO THE LEFT ACHILLES AREA AT THE MUSCULOTENDINIS JUNCTION. HE WAS EXAMINED BY DR. BARNHOUSE ON THE SIDELINE AND ALLOWED TO GO AHEAD AND CONTINUE TO PLAY. ALSO SUSTAINED A JAMMING INJURY TO HIS RIGHT THUMB AT THE MP JOINT. SEEN BY DR. BARNHOUSE FOLLOWING THE GAME. RECEIVED ICE.
8/13/94	LEFT ACHILLES - NO TREATMENT.
8/14/94	LT. KNEE IN THIS AM SINCE NOT REPORTING SINCE GAME WHERE HE SUSTAINED CONTUSION TO ACHILLES TENDON IN MUSCULOTENDINIS JUNCT. HAD NOT REC'D AM TREATMENT. SLIGHT EFFUSION PATELLA FEMORAL JOINT SOMEWHAT T BOTHERSOME TO HIM OVER 3-4 DAYS. LT. ACHILLES SLIGHT SORE FROM CONTUSION. REC'S THERAPY, RODE BI KE AND ABLE TO CONT. WORKING OUT. MARTY INFORMED HE COULDN'T PARTICIPATE ENTIRE WORKOUT, BUT FAILED TO SHOW FOR TREATMENT.
8/15/94	LEFT KNEE - RECEIVES THERAPIES FOR HIS PATELLA FEMORAL SORENESS. HE HAS A SLIGHT AMOUNT OF FLUID. HE HAD NO TREATMENT FOLLOWING THE A.M. PRACTICE, BUT HE DID RECEIVE TREATMENT FOLLOWING THE P.M. PRACTICE. PRACTICE LIMITED.
8/16/94	LT. KNEE CONT. PATELLA FEMORAL SORENESS, SLIGHT FLUID, REC'S THERAPY. ALSO BOTH PECS SORE AT AXILLARY LINE. REC'S THERAPY FOR THAT. DURING PM PRAC. CAME OUT OF STANCE TO FIRE OFF BALL, SLIPPED A ND MINOR STRAIN TO LT. GROIN. ABLE TO CONT. PRAC. W/OUT PROTECT. WRAP. AFTER PRAC. EXAM SHOWED FULL ROM OF GROIN, SOME SORENESS TO ADDUCTION OF LT. LEG. REC'S THERAPY AND PRAC. LIM.
8/25/94	LT. GROIN REPORTS SLIGHT SORENESS, EXAM NORMAL. CONT. TO HAVE PATELLA FEMORAL SORENESS BOTH KNEES . REC'S THERAPY. PRAC. FULLY.
8/26/94	@ BUFF LT GROIN REC'D THERAPY AT HOTEL. PLAYED. ALSO HAS PATELLA FEMORAL SORENESS BOTH KNEES BUT DID NOT BOTHER HIM DURING GAME. WAS NOT SEEN AFTER GAME.
8/27/94	BOTH KNEES CONT. TO HAVE PATELLA FEMORAL SORENESS BUT NO FLUID IN KNEE. REC'S THERAPY.
8/28/94	LT. KNEE CONT. PATELLA FEMORAL SORENESS AND RT. KNEE, LT LITTLE MORE INVOLVED. REC'S THERAPY AND C AN CONT. PRAC.
8/31/94	LT. KNEE CONT. CHONDROMALACIA PROB'S, NO FLUID BUT CONT. SORENESS. LOWER WISDOM TOOTH INFLAMED TODAY, SEEN BY DR. CUMMINGS TUE AND TODAY BY DR. SALANO TO HAVE TOOTH REMOVED. CLEARED W/MARTY. PRA C. FULLY.

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Date	Comments
9/01/94	TOOTH SORE AND SWOLLEN, FEELS BETTER, REC'S TREATMENT LT KNEE PATELLA FEMORAL AREA. PRAC. VERY LIM
9/02/94	TOOTH LESS SORE, IN INFECTION. GIVEN HIM ANTIBIOTICS PE DR. CUMMINGS THRUOUT DAY TO MAINTAIN LEVEL , WARNED ABOUT DRINKING ALCOHOL WILL LESSEN EFFECT OF ANTIBIOTICS, WARNED ABOUT DRY SOCKET. WILL MON ITOR SITUATION, CONT. FEEL BETTER. SLIGHT COMPLAINTS CHONDROMALACIA PATELLA LT. KNEE. REC'S THERAPY AND PRAC. LIM.
9/03/94	TOOTH IMPROVED, REMAINS ON KEEFLEX TABS AND WE'LL HAVE OTHER MEDS SHOULD HE DEVELOP ANY TYPE DRY SO CKET SYNDROME IN N.O. HAS BEEN DISC. W/DR. CUMMINGS AND DR. WACKERLE.
9/04/94	N.O. AWAY R KNEE LATE 1ST QTR. SOMEONE TWISTED KNEE, CAN'T RECALL WHETHER KNEE CAUGHT IN TURT O R WAS STRUCK. SORENESS OVER PROX. PORTION MEDIAL FEMORAL CONDYLE. TO LKR ROM, TAPED AND LAT. BRACE ON, PROB. SUSTAINED 1ST DEG. MCL. ICE. ABLE TO PLAY REMAINDER OF GAME BUT HELD OUT LAST DEF. SERIES. SE EN BY DR. BROWNE POST GAME. REC'D ICE.
9/05/94	R KNEE REC'S MULTIP THERAPIES, NO FLUID, STILL SORE OVER PROXIMAL MEDIAL FEMORAL CONDYLE, NO VALGUS S LAXITY, SLIGHT AMT. SORENESS TO VALGUS STRESS, FULL ROM BUT SORE IN EXTREMES, NO MEDIAL JOINT LINE TENDRNESS. RODE BIKE.
9/06/94	R KNEE NO FLUID, CONT NO JOINT LINE TENDRNESS, STILL SORE OVER PROXIMAL MCL AND MEDIAL FEMORAL CON DYLE. SORE W/EXTREMES OF EXT., SLIGHTLY SORE AT EXTREMES OF FLEX. REC'S MULTIP THERAPY ALONG W/EXT . EXER. W/QUAD SETTING, IS LESS SORE. STILL VERY LITTLE SORENESS TO VALGUS STRESS.
9/07/94	RIGHT KNEE - WAS SEEN BY DR. BARNHOUSE. RECEIVES MULTIPLE THERAPIES. HAS NO FLUID. STILL HAS SOM E SORENESS OVER THE MEDIAL FEMORAL CONDYLE IN EXTREMES OF FLEXION AND EXTENSION. DID SOME SLIGHT JO GGING FOR ME ON THE FIELD TODAY WITH VERY LITTLE SORENESS. WE TRIED HIM IN A DONJOY DOUBLE HENDGE K
9/08/94	NEE SLEEVE WITH BILATERAL CONDYLE PADS AND MISSED PRACTICE. RIGHT KNEE - RECEIVES MULTIPLE THERAPIES. HE HAS NO FLUID. HE HAS INCREASING ACTIVE RANGE OF MOTIO N. STILL COMPLAINTING OF SOME SLIGHT MEDIAL FEMORAL CONDYLE SORENESS. HE DID WEAR THE DON JOY BILAT
9/09/94	ERAL HINDGE BRACE TODAY WITHOUT ANY COMPLICATIONS. PRACTICES IS LIMITED. R KNEE NO FLUID, STILL SORE OVER MEDIAL FEMORAL CONDYLE, PLACED IN DBL. HINGE BRACE. CONT. TO WOR KOUT AND PRAC. LIM.
9/10/94	R KNEE FULL ROM, NO SWELLING, STILL SLITE SORENESS OVER MEDIAL FEMORAL CONDYLE AREA. ALSO HAVING DISCOMFORT OVER L LOWER WISDOM TOOTH, GIVEN ANTIIBIOTICS PER DR. CUMMINGS. PRAC. FULLY.
9/11/94	S.F. HOME R KNEE SORENESS OVER MEDIAL FEMORAL CONDYLE INJ. N.O. GAME. ABLE TO PLAY USING DONJOY BILAT. BRACE. POST GAME EXAM'D FOR FIRST DEG. DELTOID SPRAIN OCCURRED HE COULD NOT RECALL. SEEN B
9/12/94	Y DR. BROWNE AND REC'D ICE. R. KNEE & R. ANKLE NO SORENESS R ANKLE DELTOID LIG., NO SWELLING AND FULL ROM. SLIGHT SORE OVER R KNEE, FULL ROM, SORE OVER MED. FEMORAL CONDYLE, NO FLUID, HE WANTED TO RUN TODAY BUT I HAD HIM RIDE BIKE DURING TEAM RUN. SLIGHT SORENESS OF L KNEE FROM CHONDROMALACIA PATELLA. REC'S MULTIP THERAPIE
9/13/94	S. R KNEE THERAPY, STILL SLIGHT SORENESS OVER MEDIAL FEMORAL CONDYLE BUT EXAM NORMAL OTHERWISE. R AN KLE NO PAIN AND NE. FINDINGS. ALSO REC'S THERAPY FOR L KNEE CHONDROMALACIA PATELLA. SEEN BY DR. CU
9/14/94	MMINGS FOR CAP PUT ON L TOOTH, SEEN BY ORAL SURGEON TO HAVE LT LOWER WISDOM TEETH EXCISED, COMING IN AND SLITE INFECT'D.
9/18/94	R KNEE MULTIP. THERAPIES, VERY LITTLE MEDIAL FEMORAL CONDYLE SORENESS. TOOTH SLIGHT SORE FROM BEI NG PULLED YEST. PRAC. LIM.
9/19/94	ATL.-A R KNEE 1ST QTR. LANDED ON KNEE AND RE-AGG. MEDIAL FEMORAL CONDYLE CONTUSION. ABLE TO PLA Y REMAINDER OF GAME. SEEN BY DR. BROWNE AND REC'D ICE POST GAME.
9/21/94	R KNEE SLIGHT SORENESS OVER MEDIAL FEMORAL CONDYLE, NO SWELLING, NORMAL EXAM, NO EXT. IAG, FULL RO M. REC'D THERAPY.
9/25/94	R KNEE CONT. SLIGHT MCL SORENESS. PARTICIPATES FULLY IN PRAC. RAMS-H L KNEE POST GAME REPORTED CONTUSION TO MEDIAL FEMORAL CONDYLE WHEN KICKED. SEEN BY DR. B
9/26/94	ROWNE. REC'D ICE. L KNEE SLIGHT SORENESS OVER MEDIAL QUADRICEPS AND MEDIAL FEMORAL CONDYLE AREA, EXAM NEG. OTHERWISE

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